

Gary J. Ordog

# Warning to Dog Owners

## SUMMARY

More than one percent of all emergency department visits are secondary to dog bites. Larger and more aggressive breeds of dogs cause most of the morbidity from dog bites, and most victims are bitten by the family dog. Four hundred and twenty patients presenting to an emergency department with dog bite wounds were studied in 1982. Forty-six percent of the patients were bitten by German shepherds; 80% of these dogs were owned by the patients' families. Twenty-one patients (five percent) had serious injuries requiring hospitalization. Although large breeds make good guard dogs, they also are a threat to household members, especially children; 35% of the victims were under ten years old. Physicians should advise parents not to leave children alone with dogs. (Can Fam Physician 1984; 30:1056-1058)

## SOMMAIRE

Plus de 1% de toutes les visites dans les salles d'urgence sont la conséquence de morsures de chiens. Les races de chiens gros et agressifs sont responsables de la plus grande partie de la morbidité imputée aux morsures, et la plupart des victimes ont été mordues par le chien familial. En 1982, on a étudié 420 patients qui se sont présentés à un service d'urgence pour morsures de chiens. Les bergers allemands ont mordu 46% des patients; 80% de ces chiens étaient la propriété familiale. Vingt-et-un patients (5%) ont présenté des blessures suffisamment sérieuses pour nécessiter une hospitalisation. Même si les gros chiens sont excellentes comme chiens de garde, ils représentent néanmoins une menace pour les membres de la maison, spécialement les enfants. Trente-cinq pourcent des victimes avaient moins de 10 ans. Les médecins devraient aviser les parents de ne pas laisser les enfants seuls avec les chiens.

Dr. Ordog practices family medicine in Maple Ridge, BC. Reprint requests to: 12933 Mill Street, Maple Ridge, BC. V2X 7E7.

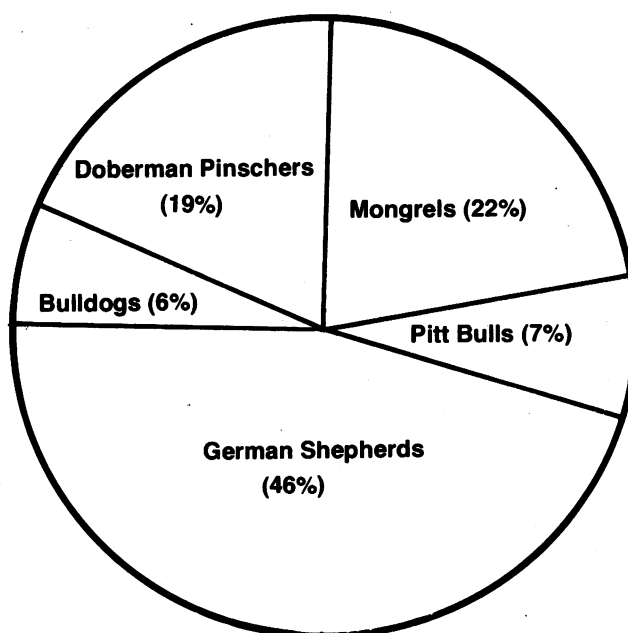
of deaths due to dog bites. During This estimate is probably low, as it 1974-1975, 11 deaths from dog bites did not include patients who died of infection, sepsis or other complica-

**B**ITE WOUNDS ARE common injuries and are usually due to dog bites. More than 80% of all reported bites are due to dogs,<sup>1</sup> and more than one percent of all emergency department visits are secondary to dog bites.<sup>2</sup> Even so, possibly only ten percent of all dog bites are actually reported to the authorities.<sup>2</sup>

The larger and more aggressive breeds of dogs contribute to most of the morbidity from dog bites. One study showed that although the German shepherd comprised only 22% of the dog population of Baltimore, Maryland, 45% of the 44,000 dog bites reported there from 1970-1976 were caused by them.<sup>3</sup> Seventy-five percent of these dogs were either owned by the victim or by a neighbor. In a similar study in New York City, 78% of victims were bitten by their own dog.<sup>4</sup>

Winkler<sup>5</sup> has given the only report

Fig. 2.  
Type of dog vs. percentage of bites.



tions. Nine of the patients were under seven years old, and one was over 75. The head and neck were the most common targets. Most of the dogs were owned by the victims' families. None of the dogs had rabies.<sup>5</sup>

This study examines patients presenting with dog bite injuries to a major inner city medical centre in Los Angeles over one year.

## Materials and Methods

Four hundred and twenty patients with dog bite wounds were studied over 1982. These patients presented to a major inner city medical centre emergency department. Epidemiological as well as clinical data were collected; these data have been presented previously.<sup>6, 7</sup> This article will discuss further data on the danger of family dogs.

## Results and Discussion

Patients' ages are shown in Figure 1. The largest group of patients (35%) was under ten years old; 50% of all bite victims were aged one to 20 years. Children are less able to defend themselves from a large dog, and these patients also had the most serious injuries.

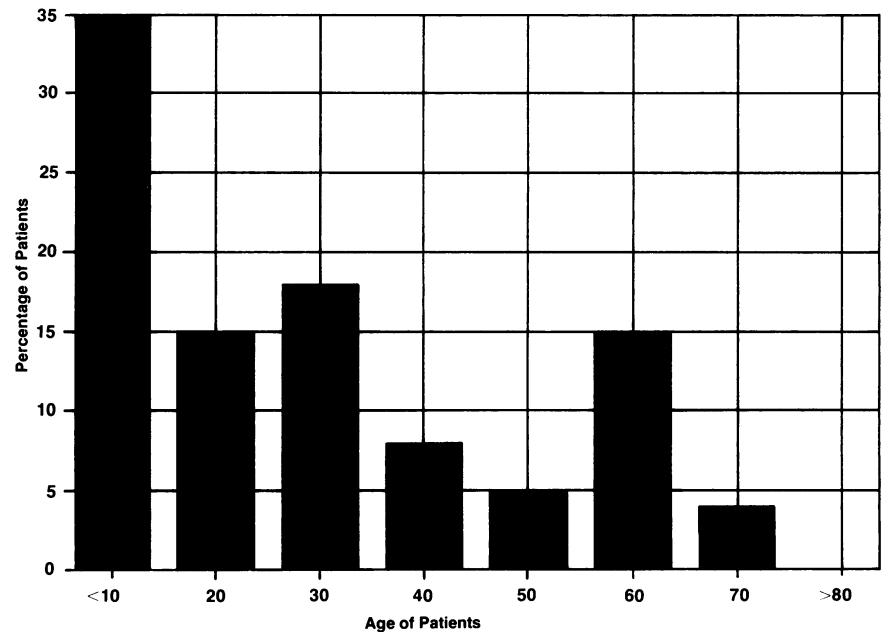
The types of dogs that bit the victims are presented in Figure 2. Ninety-nine percent of the dogs were

large species, including German shepherds, Pitt bulls, bulldogs, and large mongrels. Eighty percent of the mongrels were strays, but of the known breeds and purebred dogs, most were owned by the victim's family. Significantly, German shepherds caused 46% of the bites, and 80% of these dogs were owned by the patients or by the patients' families. Also, 60% of the Doberman pinschers that were identified were owned by the

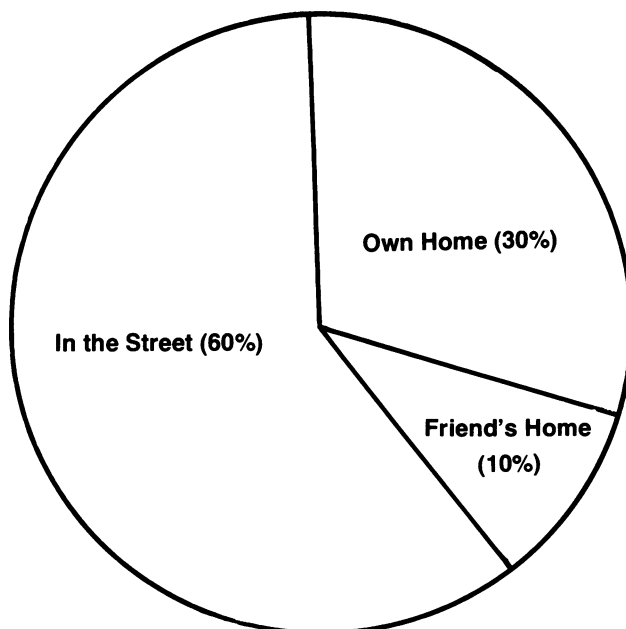
patients or by the patients' families. Thirty percent of the bites occurred in the patient's own home (see Figure 3). Ninety-eight percent of the patients stated that the attack was unprovoked.

Twenty-one patients (five percent) had serious injuries requiring hospitalization. One group of hospitalized patients had extensive lacerations or avulsions involving tendons, eyelids or lacrimal apparatus, and required surgery. Another group had serious

**Fig. 1.**  
Percentage of dog bites in each age group.



**Fig. 3**  
Place where bite occurred.



**Fig. 4**  
Who owned dogs that caused serious injury.



infections or septicemia. There were no deaths in this study. Of significance is the fact that 80% of those patients with serious bites received them from their own dogs (see Figure 4).

## Conclusion

Although large breeds of dogs make good guard dogs, they are also a threat to household members, especially to children. Very serious injury, longterm morbidity and deformity, and even death, can result from the family dog. This study shows that most of the serious dog bite injuries were actually inflicted by the family dog.

Those who own large dogs may not realize the danger to their children and possibly even to themselves. The usually friendly family dog has been documented to attack family members for no apparent reason.<sup>8</sup> Parents should not leave children alone with dogs, and an adult should stay between a dog and a child at all times. Physicians should be aware of these facts in order to properly advise patients who own dogs. ●

## References

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### ◆ Talwin • Tablets

pentazocine hydrochloride tablets N.F.

**INDICATIONS:** Talwin (pentazocine hydrochloride) is indicated for the relief of chronic or acute pain of moderate to severe degree.

**CONTRAINDICATIONS:** Talwin (pentazocine hydrochloride) should not be administered to patients with known hypersensitivity to pentazocine.

**Use in Pregnancy:** The use of Talwin in women of childbearing potential requires that the expected benefit of the drug be weighed against the potential risk to the mother and fetus.

**Use in Children:** Clinical experience in children under 12 years of age is limited, therefore, use of Talwin is not recommended in this age group.

#### **WARNINGS:**

**Drug Dependence:** There have been reported instances of psychological and physical dependence upon parenteral Talwin (pentazocine lactate). These reports have primarily concerned patients with a previous history of drug abuse, although there have been instances reported in patients without such a history. Usually there was a description of an increase in the dose and frequency of administration by the patient. In these patients abrupt discontinuance of the drug often resulted in withdrawal symptoms including abdominal cramps, elevated temperatures, rhinorrhoea, restlessness, anxiety and lacrimation. There have been reports of dependence upon oral Talwin (pentazocine hydrochloride). Consequently, patients who may be prone to excessive usage of drugs should be supervised carefully during oral Talwin therapy. During chronic use of Talwin, the physician should avoid unnecessary escalation of the dose and should take precautions to avoid increases in dose by the patient. Physicians should warn the patient against the use of Talwin in the anticipation of pain.

**Head Injury & Increased Intracranial Pressure:** The respiratory depressant effects of Talwin and its potential for elevating cerebrospinal fluid pressure may be markedly exaggerated in the presence of head injury, other intracranial lesions or a pre-existing increase in intracranial pressure. Talwin can produce effects which may obscure the clinical course of patients with head injuries. Talwin must be used with caution in such patients, and only if its use is deemed essential.

**Acute CNS Manifestations:** There have been reported instances of the acute onset of hallucinations (usually visual), disorientation, and confusion in patients receiving therapeutic doses of Talwin. These manifestations have cleared spontaneously within hours upon discontinuation of the drug. The mechanism responsible for this reaction is not known. Patients demonstrating this reaction should be closely observed and if therapy with Talwin is to be restarted, administration should proceed cautiously since the acute CNS manifestations may recur.

#### **PRECAUTIONS:**

**Ambulatory Patients:** Since CNS effects have been noted with the use of Talwin (pentazocine hydrochloride) ambulatory patients should be warned not to operate machinery, drive cars, or unnecessarily expose themselves to hazards.

**Patients Dependent on Narcotics:** Because Talwin is a weak narcotic antagonist, patients who are addicted to narcotics may experience withdrawal symptoms and therefore, Talwin should be given with special caution to such persons. In non-addicted patients receiving narcotics for a short period, symptoms believed to be related to antagonism may be observed. Intolerance or untoward reactions are usually not observed following administration of Talwin to patients who have received single doses of or who have had limited exposure to narcotics.

**Impaired Renal or Hepatic Function:** Although laboratory tests have not indicated that Talwin causes or increases renal or hepatic impairment, the drug should be administered with caution to patients with such impairment. Extensive liver disease appears to predispose to a higher incidence of side effects (e.g. marked apprehension, anxiety, dizziness, sleepiness) with the usual clinical dose, and may be the result

of decreased metabolism of the drug by the liver.

**Sphincter of Oddi:** Until further experience is gained with the effects of Talwin on the sphincter of Oddi, the drug should be used with caution in patients with acute cholecystitis or pancreatitis or in those about to undergo surgery of the biliary tract.

**Obstructive Uropathy:** Because urinary retention has been observed in a few patients receiving Talwin, caution is advised in administration of the drug to patients with obstructive uropathy.

**Respiratory Conditions:** Respiratory depression has rarely been reported after oral administration. However, Talwin should be administered cautiously to patients with respiratory depression due to any cause, severely limited respiratory reserve, severe bronchial asthma, other obstructive respiratory conditions or cyanosis.

**ADVERSE REACTIONS:** The most frequently observed reactions after oral administration of Talwin (pentazocine hydrochloride) are sedation or somnolence, vertigo, nausea and vomiting, each of which may occur in approximately 15% of patients. Sedation may be more marked in the elderly. Less frequent reactions have been: - **Gastrointestinal**—constipation, abdominal distress, anorexia and diarrhoea; **CNS**—euphoria, lightheadedness, headache, dizziness, weakness, disturbed dreams, hallucinations (see Acute CNS effects in Warnings), visual disturbances, insomnia, tinnitus, irritability, excitement; **Autonomic**—sweating, infrequently flushing or chills; **Cardiovascular**—infrequently fall in blood pressure, tachycardia; **Allergic**—infrequently rash and rarely urticaria, erythema and oedema; **Haematologic**—rarely depression of white blood cells (especially granulocytes), which is usually reversible, moderate transient eosinophilia. **Other**—pruritus, alterations in maturation. Scattered reports of abnormal liver function of questionable significance were noted during the clinical trials. Hallucinations were noted to occur more frequently when doses exceeding that recommended were employed.

#### **DOSAGE AND ADMINISTRATION:**

**Talwin Tablets:** The usual adult starting dose is 50 mg every 4 hours after meals. Dosage should be adjusted to individual requirements and tolerance within the range of 50-100 mg (1-2 tabs) every 3 to 4 hours.

**Concomitant Medication:** When anti-inflammatory or antipyretic effects are desired in addition to analgesia, A.S.A. can be administered concomitantly with Talwin. In light of the tendency to marked sedation among the elderly dosage should be kept low in this group of patients.

**Duration of Therapy:** There have been rare reports of withdrawal symptoms upon abrupt discontinuance of Talwin therapy after prolonged administration of the product for chronic pain. Therefore, it would be prudent to reduce the dose gradually when the drug is no longer required.

#### **DOSAGE FORM:**

**Talwin Oral:** Scored peach tablets of 50 mg, bottles of 100 and 500; also available as individually stripped tablets, packages of 24. Each tablet contains Talwin (pentazocine hydrochloride) equivalent to 50 mg base.

#### **References**

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Winthrop

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Full prescribing information available on request.